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B 22C (Official Form 22C) (Chapter 13) (04/13)

In re	Carla D. Cox	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case No	ımber:	☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I REPOI	T OF INCOME				
			part of this state	mont or	directed	
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ■ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.					
			!!\ f			
	b. \square Married. Complete both Column A ("Debtor's Income" All figures must reflect average monthly income received from					
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before					Column B
	the filing. If the amount of monthly income varied during the six-month total by six, and enter the result on the appropriate li		ebtor's Income	Spouse's Income		
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$	0.00	\$
3	Income from the operation of a business, profession, or farm enter the difference in the appropriate column(s) of Line 3. If y profession or farm, enter aggregate numbers and provide detail number less than zero. Do not include any part of the busine a deduction in Part IV.	ou operate more that on an attachment. l	n one business, Do not enter a			
	Deb		Spouse			
	a. Gross receipts \$	0.00 \$				
	b. Ordinary and necessary business expenses \$	0.00 \$		Φ.	0.00	Φ.
		ne b from Line a		\$	0.00	\$
4	Rents and other real property income. Subtract Line b from the appropriate column(s) of Line 4. Do not enter a number lespart of the operating expenses entered on Line b as a deduction at the description of the operating expenses entered on Line b as a deduction of the operation o	s than zero. Do not ion in Part IV.				
	a. Gross receipts \$ b. Ordinary and necessary operating expenses \$	0.00 \$				
		ne b from Line a		\$	0.00	\$
5	Interest, dividends, and royalties.			\$	0.00	\$
6	Pension and retirement income.			\$	0.00	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.				0.00	\$
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A					
8	However, if you contend that unemployment compensation rec	ived by you or your	r spouse was a			

9	Income from all other sources. Specify sour on a separate page. Total and enter on Line 9. maintenance payments paid by your spouse separate maintenance. Do not include any be payments received as a victim of a war crime, international or domestic terrorism.	be not include alimony be, but include all other pay benefits received under the crime against humanity, o	or separate yments of alimony or Social Security Act or r as a victim of		
	a. Food Stamps	Debtor 62.00	Spouse \$		
	b.	\$	\$	\$ 62.0	0 \$
10	Subtotal. Add Lines 2 thru 9 in Column A, an in Column B. Enter the total(s).	nd, if Column B is complete	ed, add Lines 2 through 9	\$ 62.0	o \$
11	Total. If Column B has been completed, add I the total. If Column B has not been completed			\$	62.00
	Part II. CALCULAT	TION OF § 1325(b)(4) COMMITMENT I	PERIOD	
12	Enter the amount from Line 11				\$ 62.00
13	Marital Adjustment. If you are married, but a calculation of the commitment period under § enter on Line 13 the amount of the income list the household expenses of you or your dependincome (such as payment of the spouse's tax li debtor's dependents) and the amount of incom on a separate page. If the conditions for entering a. b. c.	1325(b)(4) does not requited in Line 10, Column B dents and specify, in the liniability or the spouse's supne devoted to each purpose	re inclusion of the income that was NOT paid on a regues below, the basis for exceptor of persons other than the following that it is a second or the second of the second	of your spouse, gular basis for cluding this he debtor or the	
	Total and enter on Line 13				\$ 0.00
14	Subtract Line 13 from Line 12 and enter the	e result.			\$ 62.00
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.				\$ 744.00
16	Applicable median family income. Enter the information is available by family size at www	median family income for w.usdoj.gov/ust/ or from the	applicable state and house e clerk of the bankruptcy c	hold size. (This ourt.)	
	a. Enter debtor's state of residence:	TN b. Enter del	otor's household size:	1	\$ 39,891.00
17	 Application of § 1325(b)(4). Check the application of § 1325(b)(4). Check the application of the amount on Line 15 is less than the application of the page 1 of this statement and continuation of the page 1 of this statement and continuation of the page 1 of this statement and continuation. 	mount on Line 16. Check ue with this statement. he amount on Line 16. C	the box for "The applicab	_	•
	Part III. APPLICATION OF	F § 1325(b)(3) FOR DET	ERMINING DISPOSABI	LE INCOME	
18	Enter the amount from Line 11.				\$ 62.00
19	Marital Adjustment. If you are married, but a any income listed in Line 10, Column B that v debtor or the debtor's dependents. Specify in the payment of the spouse's tax liability or the spot dependents) and the amount of income devote separate page. If the conditions for entering the b.	was NOT paid on a regular the lines below the basis for buse's support of persons of ed to each purpose. If neces	basis for the household ex r excluding the Column B ther than the debtor or the ssary, list additional adjust	penses of the income(such as debtor's	
	Total and enter on Line 19.				\$ 0.00
20	Current monthly income for $\$ 1325(b)(3). S	Subtract Line 19 from Line	18 and enter the result.		\$ 62.00

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.					\$ 744.00		
22	Applicable median family income. Enter the amount from Line 16.				\$ 39,891.00			
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is deterr 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not proved that the amount on Line 23. Check the box for "Disposable income is not proved that the amount on Line 24.					this statement.	nder §	
	■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is r 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement.							
		Part IV. C	ALCULATION (OF I	DEDU	CTIONS FR	OM INCOME	
		Subpart A: D	eductions under Star	ndar	ds of tl	ne Internal Reve	enue Service (IRS)	
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$		
24B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
	Perso	ns under 65 years of age		Pers	ons 65	years of age or old	ler	
	a1.	Allowance per person		a2.	Allow	ance per person		
	b1.	Number of persons		b2.	Numb	er of persons		
	c1.	Subtotal		c2.	Subto	al		\$
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$		
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
		IRS Housing and Utilities						
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$			<u>'</u>				
		Net mortgage/rental expen				Subtract Line b fr		\$
26	25B do Standa	Standards: housing and upperson accurately computereds, enter any additional antion in the space below:	the allowance to which	you a	re entitl	ed under the IRS I	Housing and Utilities	
								\$

	Local Standards: transportation; vehicle operation/public transpo expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense.				
27A	included as a contribution to your household expenses in Line 7. \square 0	1			
	If you checked 0, enter on Line 27A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	e "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$		
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.gc court.)	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$		
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) $\Box 1 \Box 2$ or more.				
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
29	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Linthe result in Line 29. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$		
31	Other Necessary Expenses: involuntary deductions for employmen deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$		
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.	thly premiums that you actually pay for term on your dependents, for whole life or for	\$		
33	Other Necessary Expenses: court-ordered payments. Enter the total pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$		
34	Other Necessary Expenses: education for employment or for a phy the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged depoproviding similar services is available.	ion that is a condition of employment and for	\$		
35	Other Necessary Expenses: childcare. Enter the total average month childcare - such as baby-sitting, day care, nursery and preschool. Do		\$		
36	Other Necessary Expenses: health care. Enter the total average monhealth care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts.	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$		

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37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.					
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.		\$			
	Subpart B: Addition	onal Living Expense Deductions				
	Note: Do not include any exp	penses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health S the categories set out in lines a-c below that are reasona dependents.					
39	a. Health Insurance	\$				
	b. Disability Insurance	\$				
	c. Health Savings Account	\$				
	Total and enter on Line 39					
	If you do not actually expend this total amount, state below: \$					
40	Continued contributions to the care of household or the expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses. Do not include payments listed in Line 34.	\$				
41	Protection against family violence. Enter the total aver actually incur to maintain the safety of your family unde applicable federal law. The nature of these expenses is r	\$				
42	Home energy costs. Enter the total average monthly an Standards for Housing and Utilities that you actually extrustee with documentation of your actual expenses, a claimed is reasonable and necessary.	\$				
43	Education expenses for dependent children under 18. actually incur, not to exceed \$156.25 per child, for atter school by your dependent children less than 18 years of documentation of your actual expenses, and you mus necessary and not already accounted for in the IRS S	\$				
44	expenses exceed the combined allowances for food and	ices. (This information is available at www.usdoj.gov/ust/	\$			
45	Charitable contributions. Enter the amount reasonably contributions in the form of cash or financial instrument 170(c)(1)-(2). Do not include any amount in excess of	ts to a charitable organization as defined in 26 U.S.C. §	\$			
46	Total Additional Expense Deductions under § 707(b)	• Enter the total of Lines 39 through 45.	\$			

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			Subpart C: Deductions for De	ebt]	Payment		
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthl Payments on Line 47.					Payment, and tal of all amounts the bankruptcy	
		Name of Creditor	Property Securing the Debt	Property Securing the Debt Average Monthly Payment Payment Does payment include taxes or insurance			
	a.			\$ T	otal: Add Lines	□yes □no	\$
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in						
	a.	Name of Creditor	Property Securing the Debt		1/60th of t	he Cure Amount	
						Total: Add Lines	\$
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.					\$	
50	a. b.	Projected average month Current multiplier for you issued by the Executive of information is available at the bankruptcy court.)	ly Chapter 13 plan payment. ur district as determined under schedules Office for United States Trustees. (This ut www.usdoj.gov/ust/ or from the clerk of strative expense of chapter 13 case	X	otal: Multiply Lii	nes a and b	\$
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.				\$		
			Subpart D: Total Deductions f	ron	n Income		
52	Tota	l of all deductions from inc	ome. Enter the total of Lines 38, 46, and 5	51.			\$
		Part V. DETER	MINATION OF DISPOSABLE	INC	COME UNDE	ER § 1325(b)(2))
53	Tota	l current monthly income.	Enter the amount from Line 20.				\$
54	payn	nents for a dependent child, r	hly average of any child support payments eported in Part I, that you received in accessary to be expended for such child.				\$
55	wage		So Enter the monthly total of (a) all amoun ed retirement plans, as specified in § 541(becified in § 362(b)(19).				\$
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.						\$

of the special circumstances that make such expense necess Nature of special circumstances a. b. c.	penses and you must provide a detailed explasary and reasonable. Amount of Expense \$ \$ \$ \$			
		\$		
Total adjustments to determine disposable income. Add the result.	ne amounts on Lines 54, 55, 56, and 57 and en	ter the \$		
Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.				
Part VI. ADDITION	JAL EXPENSE CLAIMS			
of you and your family and that you contend should be an add	ditional deduction from your current monthly i	income under §		
Expense Description	Monthly A	Amount		
a.	\$			
b.				
	·			
Total: Add Lif	ies a, b, c and d \$			
Part VII. V	ERIFICATION			
	Nature of special circumstances a. b. c. Total adjustments to determine disposable income. Add the result. Monthly Disposable Income Under § 1325(b)(2). Subtract Part VI. ADDITION Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an add 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a each item. Total the expenses. Expense Description a. b. c. d.	Nature of special circumstances a.		